



# Emergency Planning Functional Needs Identification

As part of our ongoing emergency preparedness planning, the Village of Anmore asks residents to identify any household members who may need special care in the event of a disaster or emergency. If this applies to any members of your household, please fill in this form and return it to Village Hall in a sealed envelope.

Provision of this information is 100% voluntary.

All information on this form will be kept strictly confidential by the Village, subject to the requirements of the Freedom of Information and Protection of Privacy Act.

This information will only be used by the Village in the event of a disaster or community-wide emergency. For more information regarding this program or for assistance with enrollment, please contact the Village Hall.

Date: \_\_\_\_\_

## Applicant information

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone# (home): \_\_\_\_\_ (work): \_\_\_\_\_ (cell): \_\_\_\_\_

Relationship to person requiring special care: \_\_\_\_\_

## Information pertaining to person(s) requiring special care

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone# (home): \_\_\_\_\_ (work): \_\_\_\_\_ (cell): \_\_\_\_\_

Email: \_\_\_\_\_

Does this person live alone?  Yes  No

Please indicate the individual's particular status or need:

- |   |   |
|---|---|
| <input type="checkbox"/> Deaf or hearing impairment   | <input type="checkbox"/> Mobility issues / disabled                     |
| <input type="checkbox"/> Blind                        | <input type="checkbox"/> Dementia / Alzheimer's                         |
| <input type="checkbox"/> Critical illness             | <input type="checkbox"/> Mental health                                  |
| <input type="checkbox"/> Heart condition              | <input type="checkbox"/> Requires life saving medication (e.g. insulin) |
| <input type="checkbox"/> Other (please specify) _____ |   |

By signing below, I certify that:

- I understand that the information provided on this form is voluntary and will only be used by the Village to assist emergency personnel in the course of their duties.
- I am solely responsible for updating this information with the Village of Anmore if changes occur.
- I understand that being a participant in the Functional Needs Registry does not guarantee that I will receive emergency response services in an emergency or disaster situation.
- I consent to the release of my information on the Functional Needs Registry to public health authorities, human services agencies, and emergency response agencies as necessary to provide services to me in an emergency or disaster situation.
- I give local law enforcement and/or medical personnel my permission to enter this home to provide emergency services in an emergency or disaster situation, and that I have authority to grant this request.
- I understand that I can withdraw my permission to participate in the Functional Needs Registry by notifying the Anmore Village Hall and that, upon receipt of such notification, the Village of Anmore will remove my information from the Registry.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_